Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	10193	A. BUILDING _____ B. WING _____	01/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANIKEHA RESIDENTIAL	465 EAST ROBINDALE ROAD, LAS VEGAS, NEVADA ,89123

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual and infection control State Licensure survey conducted at your facility on 01/11/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease and/or persons with chronic illness, Category II residents. The census at the time of the survey was seven. Seven resident files and five employee files were reviewed. The facility received a grade of B. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:	0000		
0102 SS= D	Personnel File - TB Screening - NAC 449.200 Personnel files. 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee; Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 5 employees received an annual tuberculosis (TB) test, per the requirement. (Employee #5 hired on 04/30/21, had a two-step TB test completed on 02/24/21, the file lacked documented evidence an annual TB test was completed. (E5) acknowledged an annual TB test was not completed. Severity: 2 Scope: 1	0102	1. TB SCREENING- We will correct this specific finding by having employee number 5 complete a two-step TB. 2. Our systematic change will consist of annual log for all employees' TBs will be monitored monthly for renewals. 3. The corrective action will be monitored by management. An email will be sent out when TB is due to said employee for renewal yearly. 4. House manager will maintain and update list monthly of all required employee doumentation. The manager will inform owner and Administrator of any expiring certifications or documentations. 5. This was corrected on January 23, 2023 6. Audit sheet sample and 1st step TB and 2nd st TB for personnel #5 7. This audit sheet will have all items listed that are required for renewal for all staff that will monitor expired certifications or documentations needed for employment.	01/23/2023

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: NICHOLE SCHMAL Title: Manager Date: 02/11/2023

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0830 SS= E	Exemption Requests - NAC 449.2736 Procedure to exempt certain residents from restrictions. (NRS 449.0302) 1. The administrator of a residential facility may submit to the Division a written request for permission to admit or retain a resident who is prohibited from being admitted to a residential facility or remaining as a resident of the facility pursuant to NAC 449.271 to 449.2734, inclusive. Inspector Comments: Based on record review and interview, the facility failed to ensure a medical exemption request was submitted to the Bureau to retain 2 of 7 residents (Resident #1 admitted on 01/07/23, had a sacrum pressure sore and was bedfast, Resident #4 admitted on 08/19/21, had a Foley Catheter. The files lacked documented evidence of an application submission and/or an approved medical exemption). The Manager was unable to provide an approved medical exemption and acknowledged the facility had not applied for one. Severity: 2 Scope: 2	0830	Resident one is no longer with us unable to do waiver. Resident #4 was completed online using other facility. 1. Medical Exemption Waiver- We will correct this specific finding by sending in medical exemption waiver for both residents. 2. The systematic change will occur upon admission of resident we will review chart before accepting assessing for any medical exemption. This will be also renewed yearly if resident retains stay. 3. The house manager and administrator will review the new chart to ensure that the resident does not need an exemption. 4. The house manager will inform the owner and administrator for any resident changes in condition as well. 5. January 12, 2023 this was corrected. 6. sample waiver form was sent to house manager and correct online application to complete on these residents. Sample 808 form for the facility was created for future residents and given to house manager. 7. The 808 form will prevent any similar potential deficiencies from occurring.	01/12/2023
0991 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure the alarm on the side door leading to the backyard patio was turned on. The Caregiver acknowledged the alarm was turned off and should have been turned on and audible. Severity: 2 Scope: 3	0991	1. We corrected this non-working alarm by replacing the door alarms so they are unable to be disabled. Resident safety training was emailed to all staff for February in- house training. This is completed by docusign. Signs have been posted to all staff to not dismantel alarm. 2. The systematic change was placed on all the exit doors for resident saftey. 3. The door alarms will be checked weekly on Monday to ensure operational. 4. The house manager and staff will be checking Monday for alarm operation, if not working properly an email will be sent to administrator and owner for repair. 5. January 12 2023 door alarm was installed with sign posted. 6. Sample of post was uploaded and completed on all doors. 7. All doors are updated with new alarms and sign to prevent any potential occurrence.	01/12/2023

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1540 SS= F	Cultural Competency Training Inspector Comments: Based on record review and interview, the facility failed ensure staff were trained in cultural competency for 4 of 5 employees (Employee #1, #2, #3, and #5). The Manager acknowledged staff were not trained in cultural competency per the requirement. Severity: 2 Scope: 3	1540	1. WC Health has been approved for Cultural Competency Training by HCQC. We will now conduct in house training for all staff. This will be scheduled in February to complete all WC Health employees. Until this is totally complete we will be using flex.Ed to complete all training. 2. The measure we have taken was to submit our own educational training for all our staff. All current staff will be trained and annually educated. 3. This will be monitored by a check list and renewed January every year for training all employees. New employees will be given training at orientation and January for annual. 4. The care home manager will check list monthly for renewal of said training. 5. The was approved by HCQC January 24, 2023- waiting for approval number… so we have added flex.Ed as a alternate option to training. 6. All staff will get certificate for training see sample. Power point is attached and was approved. All employees cultural competency training has been completed. 7. All care homes are on the schedule for training being conducted by owner of homes. All of the staff will be using this approved powerpoint.	01/24/2023